									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001												,32	
(Column 1) (Column 2)									NTITY	OR	OTHER		
TOTAL CLAIMS			32				Γ	RATE	FEE	] [	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEI	370.00	OR	BASIC FEÈ	740.00	
TOTAL CHARGEABLE CLAIMS			32minus 20=		. 12		Γ	X\$ 9= /0		OR	X\$18=		
INDEPENDENT CLAIMS			√ minus 3 =		·			X42=	8	OR	X84=		
Mυ	LTIPLE DEPEN	DENT CLAIM PI	RESENT				T	+140=	1997	OR	+280=		
* If the difference in column 1 is less than zero, enter *0" in column 2								TOTAL	1 2	OR	TOTAL		
/ / / GLAIMS AS AMENDED - PART II OTHER THAN													
	///3 (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.18	Minus	-3	2	-7		X\$ 9=		OR	X\$18=		
	Independent	• /	Minus	-6	3		ΙГ	X42=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=		
•								TOTAL		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)	~~	/UII. PEC		4	ADDII. 1 CC		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST HEER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	П	X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***	T CL AMA	- (-)	ĮГ	X42=		OR	X84=		
_	FINOT PRESE	NTATION OF MI	JETIPLE DE	PENDEN	CLAIM		Ī	+140= <sup>*</sup>		OR	+280=		
								TOTAL		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)	7	, J. 1. FEE		•	~DUII. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	**		=	JF	X\$ 9=		OR	X\$18=		
	Independent	•	Minus	ene		=	]  -	X42=			X84=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	776-	<del>                                     </del>	OR	107-	╀┈┤	
•	If the entry in colu	mn 1 is less than t	BEST	AVA	E-O-In co	F COP	<u> </u>	+140= TOTAL		OR OR	+280= TOTAL		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT, FEEOR ADDIT, FEE													
FORM PTO-873 (Rev. 8/031) Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE													